

CLAIMS ONLY						Application Number <i>09654394</i>	Filing Date <i>9-1-00</i>
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						
2		/					
3							
4		/					
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46							
47							
48							
49							
50							
Total Indep	1						
Total Depend	30	←	←	←			
Total Claims	31						